

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? () Yes (X) No
Requestor's Name and Address STAT 2000 P.O. Box 15640 Fort Worth, TX 76119	MDR Tracking No.: M4-03-7987-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address BOX #: 15 Pacific Employers Insurance Company C/o ACE USA	Date of Injury:
	Employer's Name: Bass Hotels & Resorts, Inc.
	Insurance Carrier's No.: C290C0910019

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
6/27/02	6/27/02	E1399 1 Liter Aloe Liniment	54.73	54.73
		E1399 Alternative Hot/Cold Universal Wrap	20.98	20.98
Total Amount Due				\$75.71

PART III: REQUESTOR'S POSITION SUMMARY

The aloe liniment is an individual item not included in any other procedure billed on the same date. The other items billed on the same date include rental of a monthly stimulator and the monthly supplies for the stimulator. However, the liniment is not associated in any way with the rental. We also feel additional payment is due for the universal wrap. The Commission has not established a MAR, we billed our U&C and Per DME Ground rules the item is subject to fair and reasonable reimbursement. Other carrier EOBs are provided showing they have accepted the U&C as a fair and reasonable amount.

PART IV: RESPONDENT'S POSITION SUMMARY

No response was received.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The Respondent's EOBs deny reimbursement for the Aloe Liniment stating "G – Disallowed; included in visit/procedure rendered on this day." And reimbursement was reduced to "M" – fair and reasonable for the universal wrap. There is no response from the carrier to further support these general denial reasons.

The Requestor has provided documentation describing the item and use of the universal wrap and a prescription for one liter of the aloe liniment directing the patient to apply liberally four times a day.

There exists no equivalent to the disputed items within the 1996 or 1991 Medical Fee Guidelines nor a reference to any similar item in the Medicare DMERC fee schedule. As such the items are unique and reimbursement is subject to fair and reasonable standards §413.011. The Requestor provides samples of other carrier EOB payments, including EOB samples from the Respondent's bill payer, ACCUMED, which established \$54.73 as fair and reasonable reimbursement for the aloe liniment. Since the Respondent provided no response to explain how they determined their fair and reasonable amount for the universal wrap and no alternate amount exists in the resources available to MDR, the Requestor has proved the amount received is not fair and reasonable and they are entitled to additional reimbursement.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of **\$75.71**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Patti Lanfranco

July 29, 2005

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
P. O. Box 17787
Austin, Texas, 78744
or faxed to (512) 804-4011

A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____